

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
DECLARATION AND POWER OF ATTORNEY**

Assistant Commissioner for Patents
Washington, D.C. 20231

As a below-named inventor, I hereby declare that I believe I am:

- the original, first and sole inventor; or
 an original, first and joint inventor along with the other inventors listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

POLYMORPHIC FORM OF A TACHYKININ RECEPTOR ANTAGONIST

the specification of which is attached hereto;

was filed on _____ as Application

Serial No. _____ and was amended

through _____ (if applicable) _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended as indicated above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate for the same invention having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

Country	Number	Date Filed	Attorney Docket		
				<input type="checkbox"/>	<input type="checkbox"/>

Country	Number	Date Filed	Attorney Docket		
				<input type="checkbox"/>	<input type="checkbox"/>

Prior United States Filing

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

60/051,600	July 2, 1997	19892PV
Appln. Ser. No.	Filing Date	Attorney Docket
Appln. Ser. No.	Filing Date	Attorney Docket
Appln. Ser. No.	Filing Date	Attorney Docket
Appln. Ser. No.	Filing Date	Attorney Docket

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date(s) of the prior application(s) and the national or PCT international filing date of this application:

Appln. Ser. No.	Filing Date	Status	Attorney Docket
Appln. Ser. No.	Filing Date	Status	Attorney Docket
Appln. Ser. No.	Filing Date	Status	Attorney Docket
Appln. Ser. No.	Filing Date	Status	Attorney Docket
Appln. Ser. No.	Filing Date	Status	Attorney Docket
Appln. Ser. No.	Filing Date	Status	Attorney Docket

And I hereby appoint

J. Eric Thies

David L. Rose

Reg. No. 35,382

Reg. No. 26,332

Reg. No. _____

respectively and individually, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please address all communications to:

J. ERIC THIES

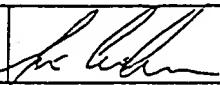
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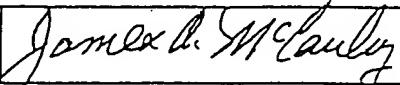
Telephone No. (732) 594- 3904

DECLARATION AND POWER OF ATTORNEY

PATENT Case No. 19892

I hereby declare further that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or joint inventor	LOUIS CROCKER
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Full name of joint inventor	
Inventor's Signature	
Date	
Residence	
Citizenship	
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Residence	
Citizenship	
Post Office Address (if different from above)	